# ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

#### ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



W-03875A Mountain Glen Water Service PO Box 897 Clay Springs, AZ 85923



MAT 0 3 2007

AZ CORP COMM Director Utilities

## **ANNUAL REPORT**

#### FOR YEAR ENDING

12 31 2006

FOR COMMISSION USE

**ANN 04** 

06

PROCESSED BY:

SCANNED

## **COMPANY INFORMATION**

Company Name (Business Name) _	Mountain Ilin	Water D	ervice INC
			~
Mailing Address PO Box 8 (Street)  Clay Assuring (City)	297		
Clan Spaning	AZ	85	923
(City)	(State)	(2	ip)
(928) 739 - 4770 Telephone No. (Include Area Code)	(928) 739-4186	(928) 2	205-1419
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No.	(Include Area Code)
Email Address <u>bgen 02 6</u> y	ahoo.com		
ocal Office Mailing Address			
	Street)		
(City)	(State)	(Z	ip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No.	(Include Area Code)
Email Address			
Andri 7 (ddr 655			
MAN	AGEMENT INFORMATIO	<u>N</u>	
			<i>опе</i> -
			oner le) 85923
			oner le) 85923 (Zip)
	rice Parker (Name) Clay Spring	(Tit	
Management Contact: Beal  Po Box 897  (Street)  (928) 739-4770  Telephone No. (Include Area Code)	(Name)  Clay Spring (City)  (928) 739-4770  Fax No. (Include Area Code)	(Tit	oner le) 85923 (Zip) Include Area Code)
Management Contact: Beal  Po Box 897  (Street)  (928) 739-4770  Telephone No. (Include Area Code)	(Name)  Clay Spring (City)  (928) 739-4770  Fax No. (Include Area Code)	(Tit	
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Management Contact: Beal  Po Box 897  (Street)  (J28) 739-4770  Telephone No. (Include Area Code)  Email Address bgen 02 @ y  On Site Manager: William  Same	(Name)  Clay Springs (City)  (928) 739-4770  Fax No. (Include Area Code)  A heo. Com  J. Parker (Name)	(Tit A Z (State)  Pager/Cell No. (State)	Include Area Code)
Management Contact: Beal  Po Box 897 (Street)  (928) 739-4770 Telephone No. (Include Area Code)  Email Address bgen 02 @ y  On Site Manager: William  (Street)  Telephone No. (Include Area Code)	(Name)  Clay Spring (City)  (928) 739-4770  Fax No. (Include Area Code)  A heo. Com  Parker (Name)  (City)	(Tit A Z (State)  Pager/Cell No. (State)	Include Area Code)  (Zip)
Management Contact: Beal  Po Box 897 (Street)  (J28) 739-4770 Telephone No. (Include Area Code)  Email Address bgen 02 @ y  On Site Manager: William  (Street)	(Name)  Clay Spring (City)  (928) 739-4770  Fax No. (Include Area Code)  A heo. Com  Parker (Name)  (City)	(Tit A Z (State)  Pager/Cell No. (State)	Include Area Code)  (Zip)

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent:		
	(Name)	
(Street)	(City)	(State) (Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Pager/Cell No. (Include Area Code)
Attorney:		
	(Name)	
(Street)	(City)	(State) (Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)
Please mark this box if the above :	address(es) have changed or are	e updated since the last filing.
<u>ov</u>	VNERSHIP INFORMATION	<u>ON</u>
Check the following box that applies to	your company:	
Sole Proprietor (S)	💢 C Corporation (	C) (Other than Association/Co-op)
Partnership (P)	Subchapter S Co	orporation (Z)
☐ Bankruptcy (B)	Association/Co-o	op (A)
Receivership (R)	Limited Liability	y Company
Other (Describe)		
	COUNTIES SERVED	
Check the box below for the county/ies	in which you are certificated to p	rovide service:
<b>ДАРАСНЕ</b>	☐ COCHISE	
☐ GILA	☐ GRAHAM	GREENLEE
☐ LA PAZ	☐ MARICOPA	☐ MOHAVE
NAVAJO	☐ PIMA	☐ PINAL
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA
☐ STATEWIDE		

Company Name: Mountain Glen Water Service, Inc.

#### **UTILITY PLANT IN SERVICE**

Acct. No.	Description	Original Cost (OC)	Accumulated Depreciation (AD)	OCLD (OC less AD)
301	Organization	\$ 2,384	\$ 745	\$ 1,639
302	Franchises	<u>-</u>	<b>-</b>	-
303	Land & Land Rights	8,110	_	8,110
304	Structures & Improvements	29,580	2,807	26,773
307	Wells & Springs	53,236	8,820	44,416
311	Pumping Equipment	66,688	17,699	48,989
320	Water Treatment Equipment	10,000	333	9,667
330	Distribution Reservoirs & Standpipes	85,040	6,370	78,670
331	Transmission & Distrib. Mains	184,056	16,861	167,195
333	Services	17,704	4,102	13,602
334	Meters & Meter Installations	32,597	7,313	25,283
335	Hydrants	36,000	720	35,280
336	Backflow Prevention Devices	-		_
339	Other Plant & Misc Equipment	-		-
340	Office Furniture & Equipment	1,828	653	1,175
340.1	Computers & Software	8,566	7,179	1,387
341	Transportation Equipment	11,728	7,477	4,251
343	Tools, Shop & Garage Equip.	-		-
344	Laboratory Equipment	-		_
345	Power Operated Equipment	-		-
346	Communications Equipment	-		-
347	Miscellaneous Equipment	-		-
348	Other Tangible Plant	-	_	_
	TOTALS	\$ 547,517	\$ 81,078	\$ 466,438

This amount goes on the Balance Sheet Acct. No. 108

Company Name: Mountain Glen Water Service, Inc.

#### **BALANCE SHEET**

Acct. No.			BALANCE AT BEGINNING OF YEAR		BALANCE AT END OF YEAR	
	CURRENT AND ACCRUED ASSETS					
131	Cash	\$	46,230	\$	39,573	
134	Working Funds					
135	Temporary Cash Investments			\$	7,056	
141	Customer Accounts Receivable	\$	8,360	\$	7,228	
146	Notes/Receivables from Associated Companies					
151	Plant Material and Supplies					
162	Prepayments					
174	Miscellaneous Current and Accrued Assets					
	TOTAL CURRENT AND ACCRUED ASSETS	\$	54,590	\$	53,857	
	FIXED ASSETS					
101	Utility Plant in Service	\$	231,503	\$	547,517	
103	Property Held for Future Use					
105	Construction Work In Progress		_			
108	Accumulated Depreciation - Utility Plant	\$	53,191	\$	81,078	
121	Non-Utility Property		-			
122	Accumulated Depreciation - Non Utility					
	TOTAL FIXED ASSETS	\$	178,312	\$	466,438	
	TOTAL ASSETS	\$	232,902	\$	520,295	

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

Company Name: Mountain Glen Water Service, Inc.

## **BALANCE SHEET (CONTINUED)**

Acct. No.	LIABILITIES	BEGI	ANCE AT INNING OF YEAR		LANCE AT END OF YEAR
	CHINDEN'S LADY INVES				
231	CURRENT LIABILITIES	-	4.050	•	25
232	Accounts Payable  Notes Payable (Current Portion)	\$	4,852	\$	35
234	Notes/Accounts Payable to Associated Companies	_			
235	Customer Deposits	\$	2.700	\$	7.701
236	Accrued Taxes	\$	2,790		7,781
237	Accrued laxes Accrued Interest	Φ	2,820	\$	9,959
241	Miscellaneous Current and Accrued Liabilities	<del></del>			
<u></u>	TOTAL CURRENT LIABILITIES	\$	10,462	\$	17,775
	LONG-TERM DEBT (Over 12 Months)				
224	Long-Term Notes and Bonds				
	DEFERRED CREDITS		-		
251	Unamortized Premium on Debt				
252	Advances in Aid of Construction	\$	21,545	\$	339,603
255	Accumulated Deferred Investment Tax Credits				
271	Gross Contributions in Aid of Construction	\$	2,000	\$	2,000
272	Less: Amortization of contributions	\$	(450)	\$	(550)
281	Accumulated Deferred Income Tax	\$	8,446	\$	10,209
	TOTAL DEFERRED CREDITS	\$	31,541	\$	351,262
	TOTAL LIABILITIES	\$	42,003	\$	369,037
	CAPITAL ACCOUNTS	-			
201	Common Stock Issued	\$	5,000	\$	5,000
	Paid in Capital in Excess of Par Value	\$	158,016	\$	155,016
	Retained Earnings	\$	27,883	\$	(8,758)
	Proprietary Capital (Sole Props and Partnerships)			•	(-g)
	TOTAL CAPITAL	\$	190,899	\$	151,258
	TOTAL LIABILITIES AND CAPITAL	\$	232,902	\$	520,295

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PR	IOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	152,076	\$ 167,369
460	Unmetered Water Revenue		<u> </u>	, ,
474	Other Water Revenues			3,972
	TOTAL REVENUES	\$	152,076	\$ 171,341
	OPERATING EXPENSES		,	
601	Salaries and Wages	\$	52,000	\$ 105,919
610	Purchased Water		432	
615	Purchased Power		8,942	10,575
618	Chemicals		-	_
620	Repairs and Maintenance		9,709	13,838
621	Office Supplies & Expense		6,449	8,772
630	Outside Services		12,209	5,487
635	Water Testing		2,804	2,065
641	Rents		8,800	8,874
650	Transportation Expenses		2,021	3,531
657	Insurance - General Liability		5,313	7,132
659	Insurance - Health and Life		_	
666	Regulatory Commsn Exp-Rate Case		_	
675	Miscellaneous Expense		_	504
403	Depreciation Expense		14,481	26,362
408	Taxes Other Than Income		4,159	6,949
408.11	Property Taxes		9,058	6,089
409	Income Tax		50	
_	TOTAL OPERATING EXPENSES	\$	136,427	\$ 206,098
	OPERATING INCOME/(LOSS)	\$	15,649	\$ (34,757)
	OTHER INCOME/(EXPENSE)			
419	Interest and Dividend Income		-	
421	Non-Utility Income			-
426	Miscellaneous Non-Utility Exp			-
427	Interest Expense		(11)	(131)
	TOTAL OTHER INCOME/(EXPENSE)	\$	(11)	\$ (131)
-	NET INCOME/(LOSS)	\$	15,638	\$ (34,888)

Mountain Ilen Water Service, Inc COMPANY NAME

### SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate		% 0,	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

Meter Deposits Refunded During the Test Year

\$ **603** 339,603 \$ 1,369

COMPANY NAME	Mountain Alen Water Service Inc
Name of System	ADEQ Public Water System Number (if applicable)

### WATER COMPANY PLANT DESCRIPTION

#### **WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-087029	5	25	550	5	1	
55-629078	20	150	225	12	2	
55-629080	7.5	85	190	6	2	
55-629079	.7.5	65	230	6		
55-584181		20	400	6	1	2000

<sup>\*</sup> Arizona Department of Water Resources Identification Number

#### **OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
N/A		

BOOSTER PUMPS		FIRE HYDRANTS		
Horsepower	Quantity	Quantity Standard	Quantity Other	
10	į			
5.0	3			
3.0	Ĭ	·		
2.0	1			

0 4:4			
Capacity Quantity		Quantity	
2	85 sal		
	115 gal	3	
1			
	2 /	2 0-1	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Mountain Glen Water Service Inc
Name of System	ADEQ Public Water System Number (if applicable)

#### WATER COMPANY PLANT DESCRIPTION (CONTINUED)

ľ		
Size (in inches)	Material	Length (in feet)
2	PVC	1150
3	PUC	7850
4	PVC	25 750
5	, ,	
6	PUC	7795
8		
10		
12		
3	CA	1625
6	CA CA	3000

#### **CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X <sup>3</sup> / <sub>4</sub>	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

•	g timee items, list the utility owned assets in each category for each system.
TREATMENT E	QUIPMENT:
)	
STRUCTURĘS:	10×12 foot concrete block well houses with
(4)	10×12 foot concrete block well houses with Concrete floor 10×12 foot wood frame well houses with concrete floors.
	Y
OTHER:	2000 Chevy 5-10 Truck
- ATT	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	Mountain	Sten Water Service; Inc Landen Trails
Name of System		ADEQ Public Water System Number (if applicable)

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLONS PUMPED	GALLONS PURCHASED
		(Thousands)	(Thousands)	(Thousands)
JANUARY	21	78,360		
FEBRUARY	23	57,980		
MARCH	24	56,650		
APRIL	25	157,879		
MAY	45	345,090		
JUNE	51	710,470	424,600	
JULY	55	554,110	749,700	
AUGUST	57	218810	290,200	
SEPTEMBER	58	224900	291,500	
OCTOBER	59	950, 180	331,800	
NOVEMBER	.58	105 010	115,400	
DECEMBER	58	113,650	150,200	
	$TOTALS \rightarrow$	3,573,089	2,353,400	0

What is the level of (If more than one well, )	arsenic for each well on your system? . Of was mg/l test in 2007  where will test in 2007
If system has fire h	ydrants, what is the fire flow requirement? 750 GPM for 2 hrs
If system has chloridge ( ) Yes	ination treatment, does this treatment system chlorinate continuously? (>>)No
Is the Water Utility ( ) Yes	located in an ADWR Active Management Area (AMA)?  (>>) No
Does the Company ( ) Yes	have an ADWR Gallons Per Capita Per Day (GPCPD) requirement? (X) No
If yes, provide the	GPCPD amount:
Note: If you are filing j	for more than one system, please provide separate data sheets for each system.

COMPANY NAME:	Mountain	Alen Water Service, The	Linden East
Name of System	09-025	ADEQ Public Water System Number (if application	le)

MONTH/YEAR	NUMBER OF	GALLONS	GALLONS	GALLONS
	CUSTOMERS	SOLD	PUMPED	PURCHASED
		(Thousands)	(Thousands)	(Thousands)
JANUARY	265	1, 186, 184	1,333,000	
FEBRUARY	265	1,208,061	1,307,100	
MARCH	266	1,203,211	1 307, 100	
APRIL	269	2,577,230	2,840,300	
MAY	267	2,577,150	2 739,000	
JUNE	266	3 597 990	3, 822, 400	
JULY	271	3,004,901	3,165,100	
AUGUST	275	1,484,280	1,671,100	
SEPTEMBER	276	1,517,069	1,701,900	
OCTOBER	277	1 412,620	1,615,000	
NOVEMBER	272	1219784	1 235 600	
DECEMBER	274	996 136	1, 329,800	
	$TOTALS \rightarrow$	19,407,466	24, 067, 400	

		our system? O. 0/4 POE mg/l  0.014 POE 2 in process of replacer
If system has fire hy	ydrants, what is the fire flo	0.014 POE 2 POE 3 - in process of replacer ow requirement? — GPM for — hrs
•		s treatment system chlorinate continuously?
( ) Yes	(>>No	
Is the Water Utility ( ) Yes		ive Management Area (AMA)?
Does the Company		Per Capita Per Day (GPCPD) requirement?
If yes, provide the C	GPCPD amount:	
Note: If you are filing for	or more than one system, pleas	e provide separate data sheets for each system.

COMPANY NAME: Mountain	Llen Water Service, Inc/Clay Spr.	'ne c
Name of System 09-081	ADEQ Public Water System Number (if applicable)	7173 

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED
JANUARY	7 /	(Thousands)	(Thousands)	(Thousands)
FEBRUARY	21	58,330 36,130	58, 260 37, 210	
MARCH	21	36, 130	37,210	
APRIL	21	281,700	267,400	
MAY	20	241,190	0	
JUNE	20	375 <sub>,</sub> 370	373.070	
JULY	20	327,150	315,580	
AUGUST	20	144540	140,350	
SEPTEMBER	20	84040	80,430	
OCTOBER	20	63480	61,160	
NOVEMBER	20	78,360	75,090	
DECEMBER	20	190,000	160,030	
	$TOTALS \longrightarrow$	1,916,420	1,605,790	0

What is the level of (If more than one well, p	arsenic for each well o please list each separately.)	n your system?	does not test because of mg/l system  Classification
If system has fire hy	ydrants, what is the fir	e flow requirement? _	GPM for <u></u> hrs
If system has chlori ( ) Yes		this treatment system	n chlorinate continuously?
Is the Water Utility ( ) Yes	located in an ADWR	Active Management A	Area (AMA)?
Does the Company ( ) Yes	have an ADWR Galloi ∭No	as Per Capita Per Day	y (GPCPD) requirement?
If yes, provide the C	GPCPD amount:		
Note: If you are filing f	or more than one system, p	lease provide separate dat	a sheets for each system.

COMPANY NAME	: Mountain	1 Llen Water	Services	Inely	medale
Name of System	09-054	ADEQ Public Water S	System Number (i	if applicable)	

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	18	62,120	74,530	
FEBRUARY	17	57390	66,370	
MARCH	17	57,390	66370	
APRIL	18	136,530	147,260	
MAY	17	106,190	114 770	
JUNE	17	201,280	216,410	
JULY	17	115,870	119,320	
AUGUST	17	85,440	89,240	
SEPTEMBER	17	70,340	72,370	
OCTOBER	17	70,070	72,800	
NOVEMBER	17	47,810	51,920	
DECEMBER	17	44,710	61,830	
	$TOTALS \rightarrow$	1,055,140	1,153,190	0

What is the level of (If more than one well,	arsenic for each well on your system?mg/llease list each separately.)	syste
If system has fire h	drants, what is the fire flow requirement?GPM forhrs	
If system has chlor	nation treatment, does this treatment system chlorinate continuousl	<b>y</b> ?
( ) Yes	(>>)No	
Is the Water Utility	located in an ADWR Active Management Area (AMA)?	
( ) Yes	(>>) No	
Does the Company	have an ADWR Gallons Per Capita Per Day (GPCPD) requirement	?
( ) Yes	( <b>⋈</b> No	
If yes, provide the	GPCPD amount:	

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME Mountain Slen Water Service ENDING 12/31/2006
PROPERTY TAXES
Amount of actual property taxes paid during Calendar Year 2006 was: \$ 6088.82
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.
If no property taxes paid, explain why

## VERIFICATION AND SWORN STATEMENT



	Ta	xes	•	May 0 3	2007
VERIFICATION				W WHY	COMM
STATE OF AFIZONA	COUNTY OF (COUNTY NAME)	Nava;	0	Director	Jtilities
I, THE UNDERSIGNED	NAME (OWNER O	R OFFICIAL) TITLE			
	COMPANY NAME				
OF THE	Mountain	Alen w	ateux	berner	Lac
				r	
DO SAY THAT THIS ANN	UAL UTILITY PF	OPERTY TA	X AND S	SALES TAX	REPORT TO THE
ARIZONA CORPORATION					
	MON	TH DA	v	YEAR	1
FOR THE YEAR ENDING			1	2006	
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HAS BEEN PREPA PAPERS AND R					
EXAMINED THE					
CORRECT STATE					
PERIOD COVERI					
MATTER AND T INFORMATION A		KIH, IU	THE BEA	SI OF MI	i knowledge,
MOMMATIONA	I D DECEMBER.				
SWORN STATEMENT					
I HEREBY ATTEST AND PAID IN FULL		ERTY TAXE	S FOR SA	JD COMPA	NY ARE CURRENT
I HEREBY ATTEST	THAT ALL SALE	S TAXES FO	R SAID C	OMPANÝ A	RE CURRENT AND
PAID IN FULL.					
	_	1 1.	1	1	
	Z.	Seatru	e SF	arker	
			E OF OWNER OR		
		928-13 TELEPHON		The state of the s	TE STATES THE A VET
SUBSCRIBED AND SWORN TO	O BEFORE ME				B BOBBIE THAYER TARY PUBLIC - ARIZONA
A NOTARY PUBLIC IN AND F	OR THE COUNTY OF	COUNTY	$\mathcal{D}(0)$		NAVAJO COUNTY  My Commission Expires
THIS ( )	DAY OF May	100		.2007	June 7, 2008
	2007	A A A A		,200 /	
(SEAL)	$\mathcal{A}$	Mosseria	Mau	D	
MY COMMISSION EXPIRES	UNU7, 2005	SIGN	ATURE OF NOTA	RY PUBLIC	•
MY COMMISSION EAPTRES					11

## COMPANY NAME Mountain Slen Water Service To YEAR ENDING 12/31/2006

### **INCOME TAXES**

For this reporting period, provide the following:	
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	0
State Taxable Income Reported Estimated or Actual State Tax Liability	<del>0</del>
Amount of Grossed-Up Contributions/Advances:	
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances	
of the tax year when tax returns are completed. Pur any Payer or if any gross-up tax refunds have alrea	ill refund any excess gross-up funds collected at the close resuant to this Decision, if gross-up tax refunds are due to dy been made, attach the following information by Payer: unt of gross-up tax collected, the amount of refund due to or has made the refund to the Payer.
CERTIFICATION	
prior year's annual report. This certification is to b	refunded to Payers all gross-up tax refunds reported in the signed by the President or Chief Executive Officer, if a partnership; the managing member, if a limited liability hip.
Villiand Parley SIGNATURE	#/13/07 DATE
William J Parker PRINTED NAME	President TITLE

## VERIFICATION AND SWORN STATEMENT

EF-IVED

MAY U.S. 2007

**Intrastate Revenues Only** VERIFICATION

W DORF COMM

STATE OF Arizona

Nava NAME (OWNER OR OFFICIAL) TITLE

COUNTY OF (COUNTY NAME)

<del>Orrector Util</del>ities

I, THE UNDERSIGNED

OF THE

nountain &

#### DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2006 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

s 182,271

(THE AMOUNT IN BOX ABOVE

INCLUDES \$ 10. 9.30

IN SALES TAXES BILLED, OR COLLECTED)

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

739-4770
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

DAY OF B BOSSE THAYER

NOTARY PUBLIC - ARIZONA (SEARYAJO COUNTY

My Commission Expires

MY COMMISSION EXPIRES WWW.

,2037

## VERIFICATION AND

#### **SWORN STATEMENT** RESIDENTIAL REVENUE

**Intrastate Revenues Only** 

RECEIVED

MAY 0 3 2007

VERIFICATION
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GURF COMM Orrector Utilities

STATE OF ARIZON	ĬΑ	N	ZO	IZ	R	A	<b>OF</b>	$\Gamma \mathbf{E}$	$\mathbf{A}$	ST
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COUNTY OF (COUNTY NAME)

Navaio

I, THE UNDERSIGNED

NAME (OWNER OR OFFICIAL)

OF THE

Moun

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 182,271

THE AMOUNT IN BOX AT LEFT INCLUDES \$ 10,930

IN SALES TAXES BILLED, OR COLLECTED)

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

28-739-4770

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

.2007

THIS 8 BOBBIE THAYER NOTARY PUBLIC - ARIZONA

DAY OF

NAVAJO COUNTY EATMy Commission Expires June 7, 2008

MY COMMISSION EXPIRES